



INSPECTOR / MECHANIC APPLICATION

Motor Vehicle Inspection

Missouri State Highway Patrol

Troop A
504 S.E. Blue Parkway
Lee's Summit, MO 64063-4351

Troop C
891 Technology Drive
Weldon Spring, MO 63304

Troop E
4947 Hwy 67 North
Poplar Bluff, MO 63901-8719

Troop G
P.O. Box 10
Willow Springs, MO 65793-0010

Troop I
P.O. Box 128
Rolla, MO 65402-0128

Troop B
308 Pine Crest Drive
Macon, MO 63552-1030

Troop D
3131 East Kearney Street
Springfield, MO 65803-5044

Troop F
P.O. Box 568
Jefferson City, MO 65102-0568

Troop H
3525 North Belt Highway
St. Joseph, MO 64506-1370

INSTRUCTIONS: Fill in all blocks and mark (X) in the appropriate boxes. Print information in capital letters with a pen. Attach a 2" x 2" photograph taken within the past 3 months (your name and address must be on the back of the photograph). Mail or deliver this completed application and your photograph to the Missouri State Highway Patrol headquarters of the troop area where your place of employment is located. See address above.

Attention new applicant: To become an inspector you must have had one year of practical experience as an automotive mechanic or have successfully completed a course of vocational instruction in automotive mechanics from a generally recognized educational institution, either public or private. Permits are not denied on the basis of sex, race, creed, color, religion, or ancestry.

APPLICANT'S IDENTIFICATION & ADDRESS													
LAST NAME				FIRST NAME				MI	NAME SUFFIX		PERMIT NUMBER		
									<input type="checkbox"/> JR <input type="checkbox"/> SR				
HOME ADDRESS - STREET						CITY			STATE	ZIP CODE			
DATE OF BIRTH			SEX	HOME AREA CODE & TELEPHONE			SOCIAL SECURITY NUMBER						
			<input type="checkbox"/> M <input type="checkbox"/> F										
MECHANICAL EXPERIENCE & TRAINING													
GARAGES, ETC.	NAME & ADDRESS (Where experience / training received)									DATES			
										FROM	TO		
										MO	YR	MO	YR
EMI / MECHANICAL SCHOOLS													
INSPECTION STATION(S)													
NAME & ADDRESS OF CURRENT INSPECTION STATION EMPLOYER(S)								AREA CODE & TELEPHONE		STATION PERMIT NO.			
CERTIFICATION													
I certify that the information in this application is accurate and complete, and if approved, that I will inspect vehicles in accordance with motor vehicle safety inspection laws and prescribed rules and regulations.				APPLICANT'S SIGNATURE				MO	DAY	YR	PERMIT EXPIRES		
ADMINISTRATIVE DATA (Officer's use only)													
TROOP	DATE (Test / Renewal)			NEW - NEW REN - RENEWAL REI - REINSTATE CIT - CITED EXP - EXPIRED	INSPECTION EXAM SERIES	SCORE (%)		P - PASS F - FAIL		ALL MCY EMI	DATE PROCESSED BY TROOP	EXAMINER'S BADGE NO.	SUPERVISOR'S INITIALS